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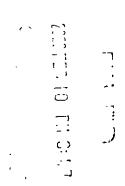
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Tallahassee, FL 32314

	Registration Sec Division of Corp				
		OUSING SERVICES, LLC	•		
SUBJEC	:T:	Name of Limit	ted Liability Company	-	
The enclo	osed Articles of a	Amendment and fee(s) are subm	nitted for filing.		
Please re	turn all correspoi	ndence concerning this matter t	o the following:		
		Luca Di Nunzio			
			Name of Person		
		Doreey Law Firm			
			Firm/Company		
10181 Six Mile Mile Cypress Pkwy, Suite C Address					
	Fort Myers, FL 33966 City/State and Zip Code				
		support@dlfregisteredagent E-mail address: (t	.com to be used for future annual report n	otification)	· · · · · · · · · · · · · · · · · · ·
For furth	ner information c	oncerning this matter, please co	all:		ā
Luca Di Nunzio			239 418-0169		7. 3
* -	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed	d is a check for th	he following amount:			
€ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Mailing Address Registration		Street Address: Registration	Section	
Division of Corporations P.O. Box 6327			Division of C The Centre o		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY HOUSING SERVICES, LLC			
(Name of the Limited Liability (A Fiorida	y Company as it now appears on our records.) Limited Liability Company)	<u></u>	
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/19/2021	and assi	gned
forida document number	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the ab	breviation "L.L	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		_	<u> </u>
 If amending the registered agent and/or registered igent and/or the new registered office address here; 	office address on our records, <u>enter the nam</u>	<u>ie of the new</u>	registe
Name of New Registered Agent:		- 1	
•			
New Registered Office Address:	Enter Florida street address		
-	Enter Florida street address , Florida	5	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

DocuSign Envelope ID: E249EAF8-4897-4C56-B7BD-5D9F9CA55F0D it amenoing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KRUSE, ANTOINETTE	3049 CLEVELAND AVENUE, SUITE 277	🗆 Add
		FORT MYERS, FL 33901	□Remove
			■ Change
			□Add
			□Remove
			□Change
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ote: If the date	f other than the dat disted, the date must be inserted in this block tive date on the Depar	does not meet the	applicable statu	iling or more than 9 tory filing require	(option 00 days after fit ements, this d	al) ing.) Pursua ate will no	int to 605.02 it be listed :
	a delayed effective da	ite, but not an effec	tive time, at 12:	01 a.m. on the ea	arlier of: (b)	The 90th	day after th
is filed. 11/29/2 ated		·					
11/29/2 ated			·				